DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA   94234-7320

February 15, 1991

TO: All County Welfare Directors   Letter No.:
      All County Administrative Officers   91-13
      All County Data Processing Managers
      All County MEDS Coordinators

SUBJECT: County Welfare Department (CWD) Data Processing Managers and   CPU
           County Computer Equipment

Data Processing Managers (DPMs)

The Medi-Cal Eligibility Branch (MEB) is developing a list of DPMs. MEB will
utilize this list to inform the DPMs of any program changes or developments
which will affect the MEDS Network. The County DPM list will also be a
resource for the telephone companies to utilize when they are experiencing
problems installing or relocating MEDS data lines.

We are requesting that each county submit the name, mailing address and
phone number of their Data Processing Manager to Michael Guzman via the
Electronic Mail Communication Center (EMC2) to HDMGUZM or mail the
information using Enclosure I by March 15, 1991.

CPU County Computer Equipment

CPU counties must identify all county equipment accessing the MEDS Network
for the following reasons:

1.   To monitor and enhance security of the MEDS Network, MEB must be aware
     of all county equipment which has been designated access to the MEDS
     Network.

2.   The Department of Health Services (DHS) has been evaluating all county
     computer equipment requests for MEDS Network access submitted to the
     Department of Social Services (DSS), County Approvals Section. To
     properly review and evaluate these requests, MEB must be able to
     identify existing county CPU computer equipment designated access to
     the MEDS Network.

All County Welfare Directors
All County Administrative Officers
All County Data Processing Managers
All County MEDS Coordinators

MEB is requiring CPU counties to identify each piece of equipment, by its TYPE, VTAM ID, COUNTY AGENCY, and ADDRESS (be specific; include floor/room number). This information should be submitted by mail to the following address:

> Department of Health Services
> Medi-Cal Eligibility Branch
> Systems Unit
>   Attn: Michael Guzman
> 714 P Street, Room 1650
> Sacramento, CA 95814

Late submission of this information may delay any subsequent MEDS equipment or User ID requests.

As a reminder, the "MEDS Equipment Password Request Form" - MEDS42 (Enclosure II) can be used by CPU counties to report the above information and should be used by all counties in requesting MEDS equipment and passwords. The MEDS 42 form is available on MEDS via EMC2. Using EMC2 will enable users to send the MEDS 42 directly to the State MEDS Security Coordinator (MEDSECUR) for immediate processing.

If you have any questions, feel free to contact Michael Guzman at (916) 322-2715.

> Sincerely,
>
> ORIGINAL SIGNED BY
>
> Glenda Arellano for
> Frank S. Martucci, Chief
> Medi-Cal Eligibility

Enclosures

cc: Medi-Cal Liaisons
       Medi-Cal Program Consultants

Department of Health Services
Medi-Cal Eligibility Branch
  Attn: Michael Guzman
714 P Street, Room 1650
Sacramento, CA   95814

DATA PROCESSING MANAGER (DPM) INFORMATION

County Welfare Department: _____

DPM Name: _____

DPM Phone Number: _____

Mailing Address: _____

City/State: _____

Date: Wednesday, 12 December 1990   8:33am
TO: USER,REQUEST,HS.MEB.AL.BRINSFIELD@DHSEMC2
FROM: HS.MEB.AL.BRINSFIELD@DHSEMC2
SUBJECT: MEDS Equipment Password Request Form

12 December 1990
County ___   Requestor _____ as of date __ / __ / __
Phone (___) ___ - ____

Instructions and codes for filling in this form are on the 3rd & 4th
screens. Press PF8 key for following screens.

CODE (1)	DEVICE TYPE (2)	VTAM ID (3)	CICS ID (4)	PROTOCOL SDLC/BSC (5)	MODEL TYPE (6)	FUNCTIONS CRT I U C / PRT C (7)
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _
_	___	_____	_____	_____	_____	_ _ _ _

Address of Equipment   Nearest Phone
    (8)   (9)

_____   ___ ___ - ____
_____
_____
_____

*** This form MUST be received by MEDSECUR no later than the 15th ***
*** of the month PRIOR to the month you are requesting updates.   ***

*** This form MUST be COMPLETELY filled or it WILL BE returned to ***
*** REQUESTOR for missing data.   ***

NOTES: (1) Code: A = add, C = change, D = delete
       (2) DEVICE TYPE: CRT = terminal, PRT = printer
       (3) VTAM ID: Supplied by county
       (4) CICS ID: For CPU counties, supplied by State
       (5) PROTOCOL SDLC/BSC: CPU counties supply
       (6) MODEL TYPE: Example: IBM 3192, WY-60-02-01
       (7) FUNCTIONS CRT PRT: I=inquiry, U=update, C=card printing
       (8) Address of Equipment: Address, including title, street &
           room/floor number where equipment resides. Example:
                Alameda County, Social Services Agency
                4501 Broadway, 2nd Floor
                Oakland, CA 94611
       (9) Nearest Phone: Phone nearest to the equipment.

Press PF4 to mail your request to MEDSECUR, MEDELIGS and yourself!!